



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALLIED MEDICAL CENTERS
PO BOX 24809
HOUSTON TEXAS 77029

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TRAVELERS PROPERTY CASUALTY CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-11-1072-01

MFDR Date Received

November 22, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per RULE 134.202 CPT code 97150 is not global to other CPT codes billed for the dates of service in dispute if modifier is used to differentiate between the services. Upon further research we have determined that the correct 59 modifier was used on all cpt codes that required separate identifiable distinctions. These modifiers have been on bill since initial faxing on 05/10/10."

Amount in Dispute: \$280.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "A review of the Provider's therapy documentation submitted with the billing to the Carrier and the Request for Medical Fee Dispute Resolution does not support the separate and distinct nature of the services billed using the -59 modifier. The Provider billed CPT codes 97110 (general therapeutic procedure), 97112 (neuromuscular reeducation), and 97140 (manual therapy) with the -59 modifier. The Provider's therapy documentation has specific blocks for completion when each of the procedures is performed. For this date of service, none of the blocks are completed. Only the billing information at the bottom of the therapy documentation is complete. This billing summary, without completion of the documentation supporting the procedures were actually performed, let alone separate and distinct services, is insufficient to support the use of the -59 modifier. Consequently, the Carrier properly denied reimbursement for these services, and the Provider is not entitled to additional reimbursement."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 26, 2010	97110, 97112, 97140	\$280.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 9, 2010

- 97 – Payment is included in the allowance for another service/procedure. Included in global reimbursement

Issues

1. Did the requestor bill for unbundled CPT codes on April 26, 2010?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.” CCI edits were run to identify if the disputed charges contain edit conflicts. The following information was identified:
 - The requestor billed CPT codes 97110-GP-59, 97112-GP-59, 97150-GP and 97140-GP-59 on April 26, 2010.
 - CPT Code 97110: Per CCI Guidelines, Procedure Code 97112 has a CCI conflict with Procedure Code 97150.
 - CPT Code 97112: Per CCI Guidelines, Procedure Code 97110 has a CCI conflict with Procedure Code 97150.
 - CPT Code 97140: Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97150.
2. The provider appended modifier -59 to the disputed CPT codes 97110-GP-59, 97112-GP-59 and 97140-GP-59. The *CPT manual* defines modifier -59 as “Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used...”
 - The documentation submitted by the requestor in the form of an operative report does not meet the documentation criteria indicated above for appending the -59 modifier, therefore CPT codes 97110, 97112 and 97140 cannot be recommended for payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	May 14, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.